



## FACILITY USE APPLICATION

PARKS, RECREATION & FACILITIES  
ST. LUCIE COUNTY FAIRGROUNDS  
EQUESTRIAN & EVENT CENTER

Applicant /Organization Name: \_\_\_\_\_

If Non-profit, please attach proof. If tax exempt, indicate ID Number \_\_\_\_\_

Address: \_\_\_\_\_

Authorized Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: Primary (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Alternate(\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Event Name/Description: \_\_\_\_\_

Requested Event Date(s) \_\_\_\_\_ Event Begins: \_\_\_\_\_ ☐ AM ☐ PM Ends: \_\_\_\_\_ ☐ AM ☐ PM

Requested Load In/Set-Up Date(s): \_\_\_\_\_ Requested Load Out/Clean Up Date(s): \_\_\_\_\_

Est. time for Load In/Set-up \_\_\_\_\_ Hours Estimated time for Load Out/Clean up \_\_\_\_\_ Hours

Total No. of Hours Requested, including Load in/Load out \_\_\_\_\_ Hours Total No. of Staff & Attendees \_\_\_\_\_

Area(s) Requested: \_\_\_\_\_ See Schedule of Fees and Site Plan

Open to the General Public: ☐ Yes ☐ No Ticket Sales/Admission Fee: ☐ Yes ☐ No Admission Cost: \_\_\_\_\_

Purpose of Event: Business/For Profit ☐ Personal ☐ Non-Profit/Govt. ☐ Fundraiser ☐ Other ☐ \_\_\_\_\_

If Fundraiser, indicate Recipient: \_\_\_\_\_

Food/Drink Served? ☐ Yes ☐ No If Yes, is the event to be catered? ☐ Yes ☐ No

*Please note that concessions (drinks, snacks, etc.) may be provided exclusively by the St. Lucie County vendor.*

Alcohol Served? ☐ Yes ☐ No Alcohol may be provided exclusively by the St. Lucie County vendor.

There may additional charges for equipment or set ups listed below.

Requested Set Up: Arena Flooring ☐ Electrical Panels ☐ Jumps ☐ Trails ☐

Equipment Needed? ☐ No If yes, indicate required items below.

☐ Stage (Mobile Sound Stage) ☐ PA system ☐ Portable PA system

☐ Chairs – Interlocking ☐ Tables – 8' Rectangle ☐ Pipe & Drape

☐ Trolley ☐ Arena Drag ☐ Bull Panel Set Ups

Items not listed will be the responsibility of the Lessee to provide.

I understand that use is not reserved until the Signed Agreement with a minimum 50% deposit, Certificate of Insurance in name of Organization and naming St. Lucie County as an additional insured, Required Licenses and Permits for vendors, caterers, etc. Payment in Full shall be submitted no less than 30 days prior to event except that payment in full may be required at the time of reservation at the discretion of the Coordinator.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR STAFF USE ONLY:

Date Received \_\_\_\_\_ Date(s) Available ☐ Yes ☐ No

Written Estimate of Fees Provided to Applicant on \_\_\_\_\_ (Date) via ☐ Meeting ☐ Email ☐ Fax ☐ Mail

Attach copy of Estimate to Application.

Signature of Employee Processing Application \_\_\_\_\_

Date: \_\_\_\_\_